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ABSTRACT

An approach to structuring and teaching health communication to health practitioners is presented in this paper. Following an introduction to the need for instruction in health communication, a general course description is provided, the course's purposes are discussed, and course goals are listed. The remainder of the paper contains descriptions of the following study units for a course in health communication: (1) an overview of health communication; (2) human communication processes and theories; (3) interpersonal, small group, and organizational communication in health care; (4) intercultural communication in health care; and (5) therapeutic interaction and holistic approaches to health care. Instructional objectives are listed for each unit of study. (RL)

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Design for a Communication Course for Health Professionals

by

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Introduction

Human communication is a central process in modern life. We communicate to share information, express and satisfy our needs, and coordinate our behaviors with others. Yet human communication is a widely misunderstood and unappreciated phenomenon. People have a common tendency of underestimating the complexity of the communication process, as well as underestimating the difficulty of communicating effectively. Educators in the field of human communication have a unique opportunity to help people cope with the complexities of communicating effectively by making people aware of the subtleties of human communication, relating the knowledge of communication theory and research to the public.

Nowhere are people more in need of communication education than in business and professional life, where the timeliness, accuracy, and sensitivity of human communication are most crucial. In professional life, people need to coordinate their efforts and collaborate on completing organizational tasks. Communication is the social tool that enables interpersonal coordination among professionals. In response to the needs professionals have for communication training, communication education has grown over the past several years in such applied areas as interviewing, group leadership, organizational communication, and communication and conflict. A new and emerging area of human communication education is health communication, which "...is an area of study concerned with the role of human communication in the health care process."[1]

Health communication training focuses on the ways in which human communication is used in the delivery of health care services. Several

areas of health care practice are dependent on effective human communication. The development of patient practitioner relationships are accomplished through interpersonal communication, patient diagnosis and evaluation often are accomplished through interviews, the performance of health care teams is dependent on group communication, health care administration relies heavily upon organizational communication, and patient education is most often accomplished through public speaking. Health communication education serves to identify the human communication demands of health care practice, and instruct health practitioners in effective human communication skills.

Health communication is not an entirely new form of communication education. In many ways health communication is a new application of traditional areas of communication to a specific professional audience. Health communication education is concerned with human communication at intrapersonal, interpersonal, group, and organizational levels, incorporating such traditional communication disciplines as public speaking, rhetoric, and persuasion in training health professionals to communicate effectively in the performance of their jobs.

I have argued at length elsewhere the importance of developing health communication education programs to interface the communication training needs of future health professionals and to help cope with current problems in the delivery of health care that are related to human communication.[2] In this paper I would like to describe my approach to structuring and teaching health communication to health practitioners. I will identify a model health communication course, its purposes, goals, units, and instructional objectives. This is by no means the only way to

structure a course in health communication. It is my approach. Each of the units might be elaborated and used independently for in-house training for health professionals or as a course by itself. Additional topic areas such as the use of media in health care might be added for specific audiences. But, by explicating this approach to health communication education there is at least a starting point for further discussion and development.

Course Description

Health Communication will be presented here as a one semester, three to four credit hour course, although it certainly can be adapted to the quarter system, or specialized continuing education, in-house training, or shortened academic sessions. It is developed as a survey-type course, examining several areas where human communication and health care practice interface. The course is very intensive, combining aspects of both communication theory and practice, directed towards the development of knowledge, values, and skills of effective communication in health care practice. Course content can be developed through a combination of assigned readings, lectures, class discussions, role plays, structured experiences, media presentations, guest lectures, and student presentations.

Course Purpose

Health Communication is a pre-professional course designed primarily for students preparing for careers in the allied health fields, although it has been used as continuing education for practicing health professionals as well. The course is designed to help prepare class members to meet the communication demands of health care practice. Students are sensitized to

the centrality of human communication in the delivery of health care services. Though a natural ability to communicate well interpersonally is certainly advantageous to a health practitioner, it is stressed throughout the course that to function as a health "professional" a more disciplined awareness and appreciation for the complexity of human interaction is necessary. "Effective human communication skills and competencies do not just happen, people are not born with them, nor do they necessarily develop naturally; human communication skills and competencies are learned behaviors that have been examined, practiced, and mastered."[3] The purpose of this communication course for health care professionals is to provide systematic training in effective intrapersonal, interpersonal, group, and organizational communication skills necessary for the delivery of high quality health care services.

Course Goals

The primary goals of this course in health communication are to foster the health professional's development of:

A. An awareness of the centrality of human communication in health care delivery.

B. An awareness of the complexity of human communication processes and the interdependence of communicators within the health care system.

C. Recognition of the symbolic aspects of illness, and the use of human communication to assess and respond appropriately to the meanings people assign to illness.[4]

D. Human communication skills and competencies directly applicable to the delivery of health care services.

E. Awareness of the wide range of verbal and nonverbal messages exchanged in human interaction and how thes messages affect the development of interpersonal relationships in health settings.

F. Sensitivity to the individuality and humanness of patients and the uniqueness of the communication needs, especially patients of diverse cultural backgrounds, developing the ability to adjust their interpersonal messages to the individual patient or co-worker they are communicating with.

G. The ability to describe and explain complex health care topics and procedures clearly and explicitly to patients and other lay audiences, as well as developing the ability to speak informatively to their health care colleagues.

H. Awareness of the need for teamwork among health professionals in the delivery of health care services.

I. The development of poise and confidence in their abilities to communicate effectively with others in health care settings.

Course Study Units

Unit I. Overview of Health Communication. The concept of health communication is defined, discussed, and examined. Health communication, although similar to human communication in various contexts, is a unique application of communication, where the timeliness, accuracy, and emotional impact of interpersonal interaction is often a factor in preserving human life and relieving human suffering. Health care practitioners must be competent communicators to meet the rigorous communicative demands of health care practice.

Human communication is presented as the primary tool for delivering health care services to patients. Current problems and issues in health

care delivery are introduced and discussed in light of the impact of human communication on their causes and potential solutions. Some of these issues include patient compliance,[5] miscommunication in health care,[6] unrealistic and stereotypic expectations by both patients and practitioners,[7] and dissatisfaction in doctor-patient encounters.[8] Human communication is developed as a crucial variable influencing the quality of current health care practice.

Instructional Objectives for Unit I:

1. Indicate the role of human communication in the delivery of health care services.
2. Define and delimit the scope of health communication, contrasting health communication with communication in other contexts.
3. Describe the role of the health professional in society, with respect to current expectations of health care treatment and its limitations.
4. Identify some of the current problems and issues facing the health profession, relating these issues to human communication.

Unit II. Human Communication Processes and Theories. Several theoretical bases of human communication relevant to the delivery of health care are explicated. Human communication is presented as a dynamic, ongoing process, stressing nonlinearity, irreversability, and transactionality as key attributes. Communication and the creation of meaning is discussed with particular reference to the perceptual process. Meanings, it is stressed, are created by people and are not attributes of words or objects. Content and relationship levels of human communication are explained and related to communication in health care. Information theory is discussed in light of the ambiguities of seeking health care treatment and the

functions of content communication by the health practitioner in relieving ambiguity (providing information about health care treatment). Relational development is conceptualized in terms of the ability of interpersonal communications to affect levels of control, trust, and cooperation among people in health care settings. Feedback and metacommunication are developed as means of clarifying human communication and explicating rules for social interaction. Each of the previously mentioned theoretical aspects of human communication are related and adapted to the specific tasks of health care practice.

Verbal and nonverbal modes of human communication are examined. The interdependence of verbal and nonverbal message systems in the performance of health care tasks is stressed. Verbal messages are related to digital communication and the communication of content information in health care practice. Medical jargon is explained as a form of verbal communication that is legitimately used in health care practice as well as abused.[9] The functions of jargon are discussed, including its uses in expediting the communication of technical information, establishing membership between jargon users, conveying status of jargon users over non-users, and protecting jargon users from communication infiltration by non-users (the mystification of meaning). Nonverbal messages are related to analogic communication and the communication of relational information in health care practice.[10] The wide variety of verbal and nonverbal channels used in human communication are further delineated, described, and explained.

Instructional Objectives for Unit II:

1. Identify various theories and concepts of human communication such as

process, transactionality, meanings, content and relationship levels of messages, information theory, feedback, and metacommunication, relating these concepts to health care practice.

2. Provide a general background and appreciation for the complexity of human communication processes.
3. Describe and explain verbal and nonverbal modes of communication, with reference to the interdependent functions of verbal and nonverbal message systems in the delivery of health care.

Unit III. Interpersonal, Small Group, and Organizational Communication in Health Care. Interpersonal communication is discussed in terms of the practioner-patient relationship. The health care interview is examined as a basic formal avenue of interpersonal communication between patients and health care practitioners. Relationship development is related to interpersonal communication and the interview. Interview strategies, styles, and techniques are discussed and practiced in class. Students are given the opportunity to role-play practioners and patients in simulated health care interviews.[11] Videotape has been found to be an effective feedback tool when used to record student interviews and critique communication style.[12] The role-plays of health care interviews also provide a starting point for class discussions about the objectives, problems, and coping strategies for communication between patients and practitioners.

Group communication is discussed in class in terms of team building, conference leadership, decision making, conflict management, and group treatment. Additionally, students are given training in presenting information to groups. Students are given the opportunity to present health care mini-lectures to the class. They role-play experts on a health care topic (for example, cancer treatment, occupational therapy,

heart disease, dental surgery, etc.), presenting the topic to the class as clearly as possible and leading a group discussion on the topic. Communication groups in health care are identified and discussed, such as therapy groups, hospital work groups, surgical teams, and group practice. Human communication is stressed as the means by which the members of these groups can elicit cooperation from one another. Decision making is identified as an important group process in health care practice, and students are assigned to small groups to discuss case studies of complex health care situations, ultimately developing strategies for solving the problems within the cases. The decision-making processes the groups go through in reaching their problem solutions are examined and discussed.

Organizational communication is explicated in terms of the modern hospital organization. Message flows, hierarchy, structure, and bureaucracy are examined as important influencing factors on organizational communication in medical organizations. Formal and informal channels of communication are identified and discussed. Role conflict and multiple authority is examined and related to the double-bind situations that nurses and other health practitioners find themselves in when they receive mutually contradictory instructions for health care treatment from the medical staff, administration, patients, and other authority figures.[13] Strategies for improving communication within medical organizations are discussed and applied to analysis of case studies of health care delivery systems.

Instructional Objectives for Unit III.:

1. Identify interpersonal, small group, and organizational levels of human communication as key communication contexts in health care practice.

2. Describe the patient-practitioner interview as a basic form of interpersonal communication used in health practice, giving students training and practice in participating in health care interviews.
3. Illustrate the various roles health practitioners play in group interactions, giving students training and practice in health conference leadership and group decision making.
4. Identify various different small groups used in the delivery of health care and discuss the use of communication in these groups.
5. Explicate the role of human communication in the functioning of complex health care organizations (hospitals).
6. Explain various organizational communication concepts relevant to health care organizations, such as message flow, hierarchy of authority, bureaucracy, formal and informal communication networks, and role conflict.
7. Identify and discuss communication strategies for managing for managing health care delivery systems within hospitals, and apply these strategies to an anlysis of health organization case studies.

Unit IV. Intercultural Communication in Health Care. Cultural background and affiliation is introduced as a profound influence on the ways people communicate and the ways they perceive health problems and treatments. Culture is discussed as a sphere of influence where persons' beliefs, values, attitudes, and norms for behavior are shaped and indoctrinted through metacommunicative messages. Whorf's concept that culture and language usage affect the way people perceive reality is related to the cultural influences on people's perceptions of illness.[14] Symbolic differences in cultural orientations to illness and health care treatment is examined. Students will be sensitized to the legitimacy of different cultural perspectives on health and health care.

The concept of culture will be expanded for the purposes of this class to include more than national cultural groups, but also ethnic, racial, social, occupational, and sexual (male, female) cultural groups. These various cultural groups will be related to health care practice, as each exerts influence on the perceptions and behaviors of its members in health care situations. Sexual cultural differences will be discussed with reference to the traditional health care roles playe in male and female dominated health professions (doctors and nurses), as well as the influence of gender on the delivery of health care.[15] Interprofessional relations among health care practitioners will be examined and discussed. (It is advantageous if the class is composed of representatives of different health care fields to incorporate interprofessional communication experience into class discussions). Knowledge of cultural differences and flexibility in intercultural communication will be stressed as useful characteristics to develop in mediating cultural diversity in health care practice.

Instructional Objectives for Unit IV.:

1. Identify cultural influences on persons' perceptions of illness, health, and health care.
2. Explain how symbolic aspects of illness and health care affect peoples' behavior in health care situations.
3. Sensitize students to the legitimacy of different cultural beliefs, norms, values, and attitudes about behavior in health care settings.
4. Expand the concept of culture to include ethnic, racial, social, occupational, sexual, and national cultural groups.
5. Help foster flexibility in students' communication with people of divergent cultural orientations.

Unit V. Therapeutic Interaction and Wholistic Approaches to Health Care. Therapeutic interaction will be defined as interpersonal communication between health practitioner and patient where the practioner attempts to provide insight and reorientation for the patient, enabling the patient to participate in more satisfying ways in future social interactions.[16] We will discuss how this definition of therapeutic interaction relates to a wide range of different therapeutic contexts, such as physical therapy, occupational therapy, social work, medicine, psychiatry, dentistry, patient education, and therapy with the terminaliy ill. Health care practice will be presented as a "helping" profession, where one of the primary objectives of health care practice is to provide some form of therapy for patients. Human communication will be discussed as an integral part of the therapeutic process. Self disclosure, risk taking, intimacy, empathy, and the development of supportive communication climates will be identified as communication strategies for developing therapeutic interaction.

Therapeutic interaction will be shown to be an important ingrediant in initiating wholistic health care practice. The role of the health care professional in enhancing the quality of everyday life will be discussed. By concentrating on the communicative aspects of health care the health practitioner can begin to move from an intervention model of health care practice to a prevention model of health care practice. The health professional can help prevent illness and its growth by communicating health care information and educating the public in health care skills. This shift in emphasis from intervention to prevention presumes a corresponding shift in the health practitioner-patient relationship from one of professional dominance to one of equality. The patient must become a

more assertive health communicator, and the practitioner must recognize the patient's ability to understand and carry out health care activities. Intervention and prevention models of health care will be related to the development of effective health communication relationships between patients and practitioners.

Instructional Objectives for Unit V.:

1. Describe the process of therapeutic interaction, identifying the communicative roles played by practioner and patient in communicating therapeuticly.
2. Identify the different health care contexts where therapeutic interaction takes place.
3. Examine the different ways in which the health practitioner can utilize therapeutic communication in achieving the goals of health care as a "helping" profession.
4. Identify communication variables and strategies integral to the development of therapeutic interaction.
5. Relate therapeutic communication to the development of wholistic health care.
6. Differentiate between intervention and prevention models of health care, identifying the different use of health communication in each model.

Summary

Communication education for health professionals can help train these professionals to communicate more effectively in health care practice. Communication educators have an opportunity to impart their knowledge of human communication to these health practioners, applying human communication theory and research to health care practice.

There are many communication demands made on health professionals in the performance of their health care duties; the course I have described here is designed to prepare future and current health professionals to meet these communication demands and enhance the quality of health care delivery.

Footnotes

[1]Gary L. Kreps, "Communication Education in the Future: The Emerging Area of Health Communication," Indiana Speech Journal (in-press).

[2]Gary L. Kreps, "Health Communication Education for Future Health Practitioners," Health Communication Newsletter, 7 (Winter, 1980), 6-8. See also, Kreps, "Communication Education in the Future...," Indiana Speech Journal; Gary L. Kreps and Barbara C. Thornton, Human Communication in Health Care Practice (New York: MacMillan, in-press).

[3]Kreps, "Communication Education in the Future...," Indiana Speech Journal, p. 10.

[4]Dean C. Barnlund, "The Mystification of Meaning: Doctor-Patient Encounters," Journal of Medical Education, 51 (September, 1976), 716-25.

[5]Anthony L. Komaroff, "The Practitioner and the Compliant Patient," American Journal of Public Health, 66 (September, 1976), 833-35.

[6]J.S. Golden, and G.D. Johnson, "Problems of Distortion in Doctor-Patient Communications," Psychiatry In Medicine, 1 (1970), 127-49.

[7]Barnlund, "The Mystification of Meaning...," Journal of Medical Education. See also, Diana Crane, "The Social Potential of the Patient: An Alternative to the Sick Role," Journal of Communication, 25 (Summer, 1975), 131-39.

[8]Barbara Korsch, and Vida Negrete, "Doctor-Patient Communication," Scientific American, 227 (1972), 66-74.

[9]Barnlund, "The Mystification of Meaning...," Journal of Medical Education. See also, Malcolm Coulthard and Margaret Ashby, "Talking With the Doctor I," Journal of Communication, 25 (Summer, 1975), 140-47.

[10]Gary L. Kreps, "Nonverbal Communication in Dentistry," The Dental Assistant, 18-20.

[11]J. Carroll, and J. Monroe, "Teaching Medical Interviewing: A Critique of Educational Research and Practice," Journal of Medical Education, 30 (1979), 498-500.

[12]Donald Cassata, and P. Clements, "Teaching Communication Skills Through Videotape Feedback: A Rural Health Program," Biosciences Communications, 4 (1978), 39-50. See also, D. Cassata, et al., "A Program for Enhancing Medical Interviewing Using Videotape Feedback In the Family Practice Residency," Journal of Family Practice, 4 (1977), 673-77; also, I. Cassata, et al., "An Advanced Medical School Interviewing Course Using Videotape Feedback: A Systematic Approach," Journal of Medical Education, 51 (1976), 939-42.

[13]Robert J. House, "Role Conflict and Multiple Authority in Complex Organizations," California Management Review, 12 (Summer, 1970), 53-60.

[14]Benjamin Lee Whorf, Language, Thought, and Reality: Selected Writings of B.L. Whorf, ed., John B. Carroll (New York: John Wiley, 1956).

[15]Barbara C. Thornton, "Ethical Issues Regarding Communication and Women's Health Care," paper presented at the International Communication Association convention in Acapulco, Mexico, 1980.

[16]Dean C. Barnlund, Interpersonal Communication: Survey and Studies, (Boston: Houghton Mifflin, 1968), p. 614. See also, Gary L. Kreps, "Therapeutic Communication in the Interview Process," paper presented to the Indiana Speech Association convention in Indianapolis, Indiana, 1981.